

Case Number:	CM15-0009134		
Date Assigned:	01/30/2015	Date of Injury:	05/01/2012
Decision Date:	03/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old female with an industrial injury dated 05/01/2012. Her diagnoses include lumbosacral sprain/strain, L5-S1 lateral disc herniation, and lumbar radiculitis. Recent diagnostic testing was not submitted or discussed. She has been treated with 2 previous epidural steroid injections, medications, conservative treatments, physical therapy, and acupuncture. In a progress note dated 12/04/2014, the treating physician reports constant severe low back pain with radiculopathy (shooting sensation down her legs) with a pain rating of 6-7/10 despite previous conservative and injection treatments. The objective examination revealed moderate tenderness to palpation of the left L5-S1 lumbar interspace, tenderness over the left gluteus maximus region, decreased range of motion with guarding in the lumbar spine, decreased muscle strength in the left lower extremity, and diminished sensation over the left L5 distribution. The treating physician is requesting trigger point injection of the lumbar spine which was denied by the utilization review. On 12/15/2014, Utilization Review non-certified a request for trigger point injection of the lumbar spine, noting that radiculopathy must not be present to support this procedure per the guidelines. The MTUS Guidelines were cited. On 01/14/2015, the injured worker submitted an application for IMR for review of trigger point injection of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Trigger Point Injection of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The patient presents with low back pain. The current request is for Trigger Point injections of Lumbar Spine. The treating physician states, "She continues to present with severe low back pain with radiculopathy despite her previous conservative and injections treatment. In addition she can benefit from a trial of trigger point injection to help her and provide her some symptomatic relief of her back spasm." (C.5/6) The MTUS guidelines state: "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." In this case, the treating physician has documented tenderness to palpation over the left L5-S1 lumbar interspace. However there is no documentation in the report dated 12/04/14 or in the report dated 11/07/14 of trigger points or myofascial pain. Specifically there is no documentation of circumscribed trigger points with twitch response as well as referred pain. The current request is not supported by the guidelines with the current documentation submitted. Recommendation is for denial.